


Autism  
Spectrum  
Disorder (ASD)  
& Mental Health

The slide features a light green background with a dark green vertical bar on the left. On the right side, there are several decorative green lines: a thin vertical line, a thin diagonal line starting from the top right and extending towards the center, and two thick, curved lines that sweep across the bottom right corner.

# April is Autism Awareness Month

We will highlight the incidence of co-occurring mental health conditions, the implications for adults on the Spectrum, and the barriers to appropriate treatment.

# Who we are

Joette Heuft,  
Executive Director,  
Square Peg  
Society

[www.squarepegsociety.ca](http://www.squarepegsociety.ca)



Anjela Godber,  
Autism Outreach  
Manager, PAFN &  
RWA Employment  
Initiative



**READY**  
**WILLING**  
**& ABLE**



## Who is Affected?

Between 1/67 & 1/100 people have ASD

80% of these individuals have, or will have co-occurring mental health diagnoses

44% of the ASD population has average or above average intelligence

Competing with neuro-typicals for jobs, housing & post-secondary placements has mental health consequences

For many with ASD, mental health diagnoses are more problematic than autism, and are barriers to their success in work, school, and in their relationships, and therefore, their overall happiness. They have a lot of productive life ahead of them, if they get appropriate treatments.

# Current Barriers to Treatment



# Barriers

Mental health services should be available by need, not determined by diagnosis. ASD individuals should not be denied access to anxiety/depression programs, or other mental health programs, if these are the programs that they need. A cost effective means to achieve this would be to add autism expertise to some of the existing mental health programs, rather than creating new programs for ASD people.

Access to programs should not be restricted by geography (place of residence). This would avoid duplication of programs, allow programs to run at capacity, and permit some programs, by virtue of staff interests or expertise to develop a focus in ASD or other specialized areas.

# Current Barriers to Treatment, cont.

## Barrier

- ▶ A shortage of medical practitioners in BC with an understanding of ASD, and a paucity of autism expertise in existing mental health programs.

## Remedies

- ▶ Increase the number of medical practitioners in BC with ASD understanding.
- ▶ "Provide comprehensive training programs for existing mental health workers to get the first wave up and running. From there, we build ASD into training programs." Dr. David Worling, R. Psychologist
- ▶ Several of the practitioners with ASD expertise do not accept adult patients, given the lack of funding for individuals over 19 years of age. Funding for ASD adults would encourage more medical practitioners to gain the expertise necessary to treat this population. Dr. Anthony Bailey, Professor & Chair of Child and Adolescent Psychiatry, UBC is organizing a workshop to train psychiatrists in the diagnosis and management of adults with ASD. This needs support.





# Current Barriers to Treatment, cont.

## Barrier

- ▶ Many individuals still do not receive an early, accurate, and comprehensive diagnosis. Before treatment - assessment. Too many are shuffled along in school, because they are "bright", or present no behavioural problems when young, only to have serious emotional problems later, or to be unable to function post-high school.

## Remedy

- ▶ Psycho-educational assessments should be covered under MSP, regardless of age.

# Current Barriers to Treatment, cont.

## Barrier

- ▶ ASD is a huge umbrella – no one size fits all. Many existing programs are too broad. A 28 year-old ASD individual with a master's degree should not be directed to programs where she is taught how to write a resume.

## Remedies

- ▶ Some specialist employment programs should be directed at older adults, with more complex needs. Age appropriate programming which recognizes an individual's right to learn, to be challenged, to be productive.
- ▶ Employment and post-secondary supports should include social skills training, executive functioning skills, & anxiety-reduction programs. Dr Rashmeen Nirmal, R. Psychologist, Sunny Hill & BC Children's Hospitals, feels that "many post-secondary students with ASD would benefit from educational accommodations, social supports, and mental health counseling on campus. Professors, disability advisors, and counselors are in a unique position to learn about the needs of students with ASD in order to optimize academic success and access to mental health services."

# Current Barriers to Treatment, cont.

## Barrier

- ▶ The lack of funding & appropriate services for ASD individuals over 19 years of age means that many patients who need treatment, are unable to afford the services of a psychologist, or limit the number of sessions. They end up in emergency rooms, unemployed, and/or homeless.
- ▶ Dr Grace Iarocci, PhD, Prof of Psychology, SFU notes that "the lack of social competence typical of ASD individuals, affects not only their happiness and ability to function at school and at work, but also puts them at risk for mental health conditions and may cause them to engage in risky, and sometimes illegal activities, such as drug use, or illegal cyberactivity."

## Remedies

- ▶ ASD individuals and their families need more support longer. Families need more help.
- ▶ Level of Adaptive Functioning criteria for CLBC funding should be raised to 70, as was originally intended.
- ▶ MCFD funding should be extended beyond age 19.

Autism Spectrum Adults must be afforded the dignity and respect that every British Columbian deserves, so that they may become independent, contributing adults.